New York State
Model Hospital Breastfeeding Policy:

Implementation Guide

February 2011

Breastfeeding benefits infants by promoting overall health, growth and development, and by reducing the risk of infection during infancy, and asthma, obesity, diabetes and other chronic diseases in childhood and later in life. Breastfeeding benefits mothers by reducing postpartum bleeding and the risk of breast and ovarian cancers, diabetes and heart disease. Breastfeeding yields economic benefits to the family and society. The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for the first six months of life and support for breastfeeding for the first year and beyond if desired by mother and child. Mothers who exclusively breastfeed in the hospital, compared to those who do not, are more likely to exclusively breastfeed during the early postpartum period and to breastfeed for a longer period of time.

Breastfeeding education for all mothers, particularly those who are undecided, and instruction and assistance for breastfeeding mothers, are important steps in the promotion and support of breastfeeding initiation and exclusivity. Breastfeeding initiation within one hour of birth, breastfeeding on demand and rooming-in are important to establish and maintain adequate milk flow and promote mother infant bonding. Formula supplementation and use of pacifiers can interfere with an infant's ability to breastfeed, as well as decrease mothers' milk supply, and should be avoided unless medically indicated. If a mother and infant are separated for a medical reason, manual expression of breast milk should be encouraged to continue the provision of breast milk to the infant, maintain milk supply, avoid use of supplementation and prevent engorgement. Discharge support for breastfeeding mothers should be available to aid breastfeeding mothers in their decision to provide their infant(s) with the best form of nutrition available after their hospital stay.

The goal of the New York State Model Hospital Breastfeeding Policy is to help New York State (NYS) hospitals that provide maternity services improve the completeness of hospital breastfeeding policies in accordance with NYS laws, rules and regulations around breastfeeding in the hospital. The Implementation Guide was created to provide hospitals with potential strategies and tools to implement model policies in order to improve overall breastfeeding support. The Implementation Guide is divided into the same 11 sections as the Model Hospital Breastfeeding Policy. Included under each section are the corresponding required and recommended policy components with strategies for implementation. **Hospital policies, practices and procedures should support <u>all</u> healthy new mothers and their healthy infants (regardless of infant feeding method) unless otherwise stated.**

Hospitals should create a hospital breastfeeding team to help ensure the dissemination and implementation of the hospital breastfeeding policy. Hospital staff with primary responsibility for the care of breastfeeding mothers and infants and providers (pediatricians, obstetricians, nurse midwives, etc.) should be adequately trained in breastfeeding, aware of the model policy and actively implementing practices to support the model policy. Hospitals will need to ensure that systems are in place to support the implementation of the hospital breastfeeding policy.

Creating a Hospital Breastfeeding Team

A hospital breastfeeding team should be established and maintained to identify and eliminate institutional barriers to breastfeeding. The hospital team is meant to be interdisciplinary and should be culturally appropriate and composed of the following individuals and groups:

- hospital administrators,
- physicians and nurses,
- lactation consultants and specialists,
- nutrition and other appropriate staff,
- community breastfeeding support programs, and
- parents.

Including parents and community breastfeeding support programs in all aspects of the committee work may not be appropriate. However, their input on prenatal, inpatient and discharge education may be invaluable.

On a yearly basis, the hospital team should review and update the breastfeeding policy to be current with NYS laws, rules and regulations, best practices and evidence-based recommendations. The hospital breastfeeding team should also institute methods to verify that maternity care practices are consistent with hospital breastfeeding policy.

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1. Training for Staff in Hospitals that Provide Maternity Services

Required Policy Component		Strategies
a	The hospital must designate at least one maternity staff member, who is thoroughly trained in breastfeeding physiology and management, to be responsible for ensuring the implementation of an effective breastfeeding program. (NYCRR)	1. Designate a staff member to lead and work with the hospital breastfeeding team to provide oversight for the implementation of hospital breastfeeding policy; conduct periodic reviews of and updates to hospital breastfeeding policy; and assure that all staff receive necessary training and assessment of competencies around breastfeeding. 2. Provide and require that all staff with primary responsibility for the care of breastfeeding mothers and infants complete at least 20 hours of training on breastfeeding and lactation management. Training should cover all of the 10 steps and include a minimum of five hours of supervised clinical experience within six months of hire. (Baby-Friendly USA, Inc.) The *Ten Steps to Successful Breastfeeding: 20-Hour Interdisciplinary Breastfeeding Management Course for the US* or equivalent training would count for the non-clinical portion of the training. (http://www.babyfriendlyusa.org/eng/docs/Topics%20for%20Staff%20Training.pdf) 3. Provide an orientation in all mandatory new hire sessions to ensure that all newly hired staff are aware of the advantages of breastfeeding and acquainted with the facility's policy and services to protect, promote, and support breastfeeding. (Baby-Friendly USA, Inc.) 4. Provide a mandatory orientation for all current hospital staff to ensure that they are aware of the advantages of breastfeeding and acquainted with the facility's policy and services to protect, promote, and support breastfeeding. (Baby-Friendly USA, Inc.) 5. Consider low-cost training modalities such as including breastfeeding education in staff meetings, sending key staff to "train the trainer" programs and offering in-house training, and providing self-study training modules and web-based training.
Recommended Policy Components		
a	At least one hospital maternity staff member will be an International Board Certified Lactation Consultant (IBCLC) (see USLCA IBCLC Staffing Recommendations for the Inpatient Setting – www.uslcaonline.org)	
b	All staff with primary responsibility for the care of new mothers and their infants will complete comprehensive training on breastfeeding physiology and management, with annual updates and competency verification, as well as continuing education in breastfeeding and lactation management. (Baby-Friendly USA, Inc.)	
c	All providers who have privileges to provide care to new mothers and/or newborn infants will complete training (minimum of 3 credit hours) with annual updates in breastfeeding promotion and lactation management as well as continuing education in breastfeeding promotion and lactation management. (Baby-Friendly USA, Inc.)	
d	All hospital staff, including support staff, will provide consistent, positive messages about breastfeeding to all mothers who deliver within the hospital.	
e	All hospital staff, including support staff, will not use note pads, post-its, pens, or any other incentives obtained from commercial formula companies or other companies that violate the international code of marketing of breast milk substitutes. (http://www.who.int/nutrition/publications/code_english.pdf)	

2. Breastfeeding Education for Mothers in Maternal and Prenatal Settings

Required Policy Components		Strategies
a	The hospital must assure the availability of prenatal childbirth education classes, for all pre-booked women, which address the following subjects related to breastfeeding: • nutritional and physiological aspects of human milk, • dietary requirements for breastfeeding, and • diseases and medication or other substances which may have an effect on breastfeeding. (NYCCR)	1. Provide prenatal breastfeeding education that includes breastfeeding initiation advice as well as skills and referrals to support breastfeeding continuation. The most effective breastfeeding education and behavioral counseling programs: • begin during the prenatal period; • use face-to-face individual or group sessions; • are led by specially trained nurses, midwives, or lactation specialists; • last at least 30 to 90 minutes; and • include education on the benefits of breastfeeding for mother and infant, basic physiology, technical training on positioning and latch-on techniques, skills on how to overcome common barriers, garner social support, and use basic lactation support equipment such as breast pumps. (United States Preventive Services Task Force) 2. Utilize NYCDOHMH, NYSDOH, and/or the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) materials to revise or write a prenatal booklet about breastfeeding, free of formula, bottles and nipple advertisements that can be used in all affiliated prenatal facilities. (Baby-Friendly USA, Inc.) 3. Position education resources that show breastfeeding as a norm and are free of images related to formula feeding (i.e. bottle, formula company mottos etc.),such as posters, videos, peer counselors, and educators to present concise messages about infant feeding in obstetric care waiting rooms, ultrasonography, laboratories, and other locations where pregnant women visit within the hospital. (Baby-Friendly USA, Inc.) 4. Develop a teaching checklist that provides talking points about breastfeeding at each prenatal care visit. (Baby-Friendly USA, Inc.)
b	The hospital must provide mothers with complete information about the benefits of breastfeeding, for mother and baby, in order to inform their feeding decisions. (BMBR)	
c	The hospital must provide mothers with commercial-free information on the following subjects: • nutritional, medical and emotional benefits of breastfeeding for mother and baby; • breastfeeding preparation; and • potential breastfeeding problems. (BMBR)	
Recommended Policy Components		
a	The hospital will incorporate structured breastfeeding education, taught by a certified lactation counselor, in all routine prenatal classes and visits, regardless of mothers' infant feeding decisions. (USBC)	
b	The hospital will provide an education program as soon after admission as possible which will include but not be limited to: • the nutritional and physiological aspects of human milk; • the importance of exclusive breastfeeding for the first six months; • pain relief methods for labor, including non pharmacologic methods; • importance of early skin-to-skin contact; • early initiation of breastfeeding;	

	• option for rooming-in on a 24-hour basis; • the normal process for establishing lactation, including positioning and attachment, care of breasts, common problems associated with breastfeeding and recommended frequency of feeding; • manual expression and effective latch and milk transfer; • dietary requirements for breastfeeding; • diseases and medication or other substances which may have an effect on breastfeeding; • sanitary procedures to follow in collecting and storing human milk; • sources for advice and information available to the mother following discharge; and • the importance of scheduling and ensuring follow-up care with a pediatric care provider within the timeframe following discharge as directed by the discharging pediatric care provider.	5. Give anticipatory guidance to parents in the prenatal period regarding the hospital stay, particularly about immediate and continuous skin-to-skin contact, first feeding, frequent feedings, rooming-in, and pacifiers, the effect of supplements on milk supply and breastfeeding. 6. Conduct breastfeeding education and provide instructional materials that reflect the cultural background, education, age and language of the patient population. (ABM #5) 7. Invite staff from community breastfeeding partners (i.e. La Leche League, WIC programs, lactation consultants, etc) to provide education on-site. (Baby-Friendly USA, Inc.) 8. Provide moderated group discussions or referral to support organizations prior to delivery to promote the initiation and maintenance of breastfeeding. (ABM #5) 9. Indicate whether or not breastfeeding has been discussed with the mother in prenatal record and ensure that this record is available at the time of delivery (Baby-Friendly USA, Inc.) 10. Inform mother that intrapartum analgesia may have an impact on breastfeeding, and carefully consider the type and dose of analgesia used to avoid impeding the establishment of breastfeeding. (ABM #5) 11. Consult evidence-based resources as necessary on medication safety such as LactMed from the National Library of Medicine: (http://toxnet.nlm.nih.gov/cgibin/sis/htmlgen?LACT) for questions regarding breastfeeding and medication. (USBC) 12. Consult evidence based resources on contraindications to breastfeeding AAP policy. (http://aappolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496#SEC3)
c	The hospital will refer all potential income-eligible women to WIC to offer additional opportunities for education and nutritional support during the prenatal and post-partum periods.	
d	The hospital will explore issues and concerns with women who are unsure how they will feed their babies or who have chosen not to breastfeed. Efforts will be made to address the concerns raised and she will be educated on the consequences of not breastfeeding. If the mother chooses to formula feed, she will be taught safe methods of formula preparation and infant feeding. This information will be provided on an individual basis.	

3. Breastfeeding Initiation and Skin-to-skin Contact

Required Policy Components		Strategies
a	The hospital must prohibit the application of standing orders for antilactation drugs. (NYCCR)	1. Encourage immediate and extended skin-to-skin contact to help promote breastfeeding, adjustment to extra-uterine life, and thermoregulation and prevent hypothermia and hypoglycemia. (USBC) 2. Adjust room (delivery, recovery, birthing, etc.) temperature as appropriate to prevent hypothermia and support skin-to-skin contact. 3. Emphasize the importance of uninterrupted skin-to-skin time for infant and mother to family members present at hospital. (USBC) 4. Dry and place infant on mother's bare chest immediately after birth, covering both infant and mother with warmed blankets. (USBC) 5. Perform routine tests and other procedures, such as heel-sticks or medication administration, while mother and baby are skin-to-skin and/or breastfeeding. (USBC) 6. To promote breastfeeding, eye prophylaxis and Vitamin K administration may be delayed up to 1 hour to allow for uninterrupted mother-infant skin-to-skin contact until the first breastfeeding is accomplished. (ABM #7) 7. Schedule routine events such as infant bathing, weighing, examinations, medications, and diapering until after the infant's first breastfeeding session. (USBC) 8. Use crib card to indicate that mother has chosen to breastfeed her infant.
b	Hospital maternity staff must inform mothers about any drugs that may dry up their milk. (BMBR)	
c	To encourage and assist mothers to breastfeed, hospital maternity staff must place infants for breastfeeding immediately following delivery and allow the infant to remain with the mother as the preferred source of body warmth, unless medically contraindicated. (NYCCR)	
Recommended Policy Components		
a	Hospital maternity staff will document a woman's desire to breastfeed in her medical record and in infant's chart and on bassinet. (ABM #7)	
b	Hospital maternity staff will transfer mother and baby from delivery to post partum area while infant is skin-to-skin on mother's chest. (USBC)	
c	The hospital will allow early breastfeeding to take place in the delivery room and/or recovery areas where possible.	
d	Hospital maternity staff will encourage exclusive breastfeeding throughout the hospital stay, unless medically contraindicated. (ABM #7)	
e	Hospital maternity staff will inform a mother, for whom breastfeeding is medically contraindicated, of the specific contraindication, whether she can express breast milk during that time for her infant and what criteria need to be met before she can resume breastfeeding.	

4. Breastfeeding Instruction and Assistance

Required Policy Components		Strategies
a	The hospital must provide instruction and assistance to each maternity patient who has chosen to breastfeed. Areas of instruction and assistance will include: • establishing lactation; • care of breasts and breast examination; • common problems associated with breastfeeding; • frequency of feeding; • mother's nutrition and exercise; • infant care, including taking temperature, feeding, bathing and diapering; • infant growth and development; • parent-infant relationship; and • sanitary procedures for milk expression, collection, and storage of human milk. (NYCCR)	1. Establish a team to standardize methods of breastfeeding assessment and instruction. (Baby-Friendly USA, Inc.) 2. Ensure that a trained physician, nurse or IBCLC lactation specialist conducts and documents a functional assessment of the infant at the breast within 8 hours (or sooner) of birth and at least once every 8 hours while infant and mother remain in the hospital by utilizing a breastfeeding assessment tool, such as the LATCH Breastfeeding Assessment Tool. 3. Allow mother to position her infant and achieve latch, with guidance if necessary, rather than positioning and latching on the infant for the mother to improve self-efficacy and the chance of breastfeeding success upon leaving the hospital. (USBC) 4. Conduct and document breastfeeding teaching at least every shift and whenever possible with each staff contact with the mother. (ABM #7) 5. Address and document all problems raised by the mother such as nipple pain, ability to hand express, perception of inadequate supply, and any perceived need to supplement and refer to lactation consultant if needed. (ABM #2) 6. Require that at least one IBCLC certified lactation consultant be available at all times for additional education and assistance, if clinically indicated. 7. Monitor feedings, infant signs of adequate/inadequate intake and output and number of hours rooming-in. Encourage mothers to focus on self-management.
b	At least one hospital maternity staff member, who is thoroughly trained in breastfeeding physiology and management, must be available at all times to assist and encourage mothers with breastfeeding. (NYCRR)	
c	The hospital must provide mothers, including those who have infants with special needs, with full information about their breastfeeding progress and how to obtain help to improve their breastfeeding skills from a hospital staff member, trained in breastfeeding support and breast milk expression. (BMBR)	
Recommended Policy Components		
a	Hospital maternity staff will observe mothers several times per day and provide additional support, if needed, to ensure successful breastfeeding. (ABM #7)	
b	The hospital will not routinely provide nipple creams, ointments, or other topical preparations, unless indicated for a dermatologic problem; or nipple shields or bottle nipples to cover a mother's nipples, treat latch-on problems, prevent or manage sore or cracked nipples or use when a mother	

	has flat or inverted nipples. Nipple shields will be used only in conjunction with an IBCLC consultation and after other attempts to correct the difficulty have failed. (ABM #7)	

5. Feeding on Demand

Required Policy Component		Strategies
a	The hospital must have a provision for infants to be fed on demand. (NYCCR)	1. Adjust routines whenever possible to best meet infant feeding needs. 2. Teach parents that breastfeeding infants, including cesarean-birth babies, should be put to breast a minimum of eight to 12 times each 24 hours. (ABM #7) 3. Encourage more skin-to-skin time to increase feeding frequency. (ABM #3) 4. Educate mothers on the "supply and demand" principle of milk production, emphasizing the importance of exclusive breastfeeding to establish and maintain the milk supply. 5. Discuss normal newborn feeding behavior including cluster-feeds (several closely spaced feedings followed by a longer period of sleep). (USBC) 6. If an infant does not wake to feed at least 8 times in 24 hours, assess for hydration status and signs of sepsis or hypoglycemia. If the infant appears healthy, continue to monitor until the infant is feeding effectively and spontaneously waking for feeds. (USBC)
Recommended Policy Components		
a	The frequency and duration of breastfeeding will be infant-led, based on infant's early feeding cues. (ABM #7)	
b	If a mother and infant are separated, hospital maternity staff will take the breastfeeding infant to the mother for feeding whenever the infant displays early infant feeding cues, including, but not limited to, sucking noises, sucking on fist or fingers, fussiness, or moving hands toward mouth.	
c	Hospital maternity staff will teach mothers feeding cues and encourage mothers to feed as soon as their infant(s) display early infant feeding cues.	
d	Hospital maternity staff will encourage mothers to avoid scheduled feedings and emphasize the importance and normalcy of frequent night feeds.	
e	Hospital maternity staff will document all feedings in the infant's medical record.	

6. Rooming-in

Required Policy Components		Strategies
a	The hospital must establish and implement the option of rooming-in for each patient unless medically contraindicated or unless the hospital does not have sufficient facilities to accommodate all such requests. (NYCCR)	1. Discuss rooming-in as a norm in prenatal classes and staff training and encourage mother to have infant remain with her, day and night, throughout the entire hospital stay. 2. Provide information about the benefits of rooming-in to family members and to mothers who request separation from their infant. 3. Offer staff opportunities to role play response to mothers who request that their baby be taken from their room. (Baby-Friendly USA, Inc.) 4. Do not wake the mother and/or infant by removing the infant from the mother to obtain routine weights and vital signs. Whenever possible, these should be done in the mother-infant room and timed so both can be assessed together to reduce the number of interruptions to mother's and infant's sleep. If the infant must be removed from the mother's room, the infant should be returned as soon as circumstances allow. (USBC) 5. Institute "quiet time" during the day for naps, during which visitors are not allowed and routine procedures that are not medically necessary are not conducted. 6. Do not remove infant to allow mother to obtain more sleep; evidence suggests that mothers do not get less or lower quality sleep when infants room-in. (ABM #5) 7. Remind parents that evidence suggests that mothers do not get less or lower quality sleep when infants room-in. (ABM #5) 8. Encourage partner to stay in the hospital 24 hours to help mother with baby during hospital stay. (USBC) 9. Stock crib with supply of clean shirts, blankets, diapers and comb, bottle of lotion and baby bath in crib drawer to facilitate rooming-in (no bottles, nipples or pacifiers).
b	The hospital must allow mothers to breastfeed their babies at any time day or night. (BMBR)	
Recommended Policy Components		
a	Hospital maternity staff will not separate healthy mothers and infants during the entire hospital stay, including during nights and transitions.	
b	Hospital maternity staff will perform routine medical procedures in the room with mother and baby present, not in the nursery.	

7. Separation of Mother and Baby

Required Policy Components		Strategies
a	The hospital must allow mothers to breastfeed their babies in the neonatal intensive care unit (NICU) unless medically contraindicated. (BMBR)	1. For hospitals with a NICU, create and implement breastfeeding policy specific to infants in neonatal intensive care. 2. Provide clean collection vessels and instruction to pump as often as an infant would nurse during the time that the infant and mother are separated. 3. Initiate expression of breast milk as soon as possible (ideally in less than four hours after birth). 4. Remind mother that she may not obtain a lot of milk or even any milk during first few attempts at pumping. 5. Encourage mother who is discharged from the hospital before her infant(s) (as in the case of a sick infant(s)), to spend as much time as possible with the infant(s) and practice skin-to-skin contact. When possible, allow mother to stay in the hospital with infant. (ABM #2)
b	If nursing is not possible, every attempt must be made to have the baby receive their mother's pumped or expressed milk. (BMBR)	
c	If a mother or baby is re-hospitalized in a maternal care facility after the initial delivery stay, the hospital must make every effort to continue to support breastfeeding and provide hospital grade electric pumps and rooming-in facilities. (BMBR)	
Recommended Policy Components		
a	Hospital maternity staff will instruct mothers of infants in the NICU on how to hand express their milk and use a hospital-grade breast pump until their infant is ready to nurse. (ABM #7)	
b	Hospital maternity staff will teach mothers proper handling, storage and labeling of human milk. (ABM #7)	
c	Infants will be fed mother's expressed milk until the medical condition allows the infant to breastfeed. (USBC)	
d	Donor milk may be recommended and obtained if mother is not able to express a sufficient amount of milk for the infant. (USBC)	
e	The hospital will provide medical orders for electric breast pumps and referral to local breast pump rental services to mothers who require extended pumping.	

8. Formula Supplementation and Bottle Feeding

Required Policy Components		Strategies
a	The hospital must restrict supplemental feedings to those indicated by the medical condition of the newborn or mother. (NYCCR)	1. Develop and teach staff and care providers a protocol for provision of supplementation. The protocol should include: • formal evaluation and direct observation of breastfeeding to determine cause of poor feeding or inadequate milk transfer before supplementation; • instruction to mothers to express milk each time their baby receives a supplemental feeding, or about every 2–3 hours to help prevent maternal breast engorgement that will further compromise the milk supply and could lead to other complications. (ABM #2); • documentation of supplementation for non-medical reasons, using supplementation consent form; and • documentation and collection of formula usage data. 2. Lock up formula supplies and require staff to sign supplies out, indicating their name, the patient's name, and medical indication for use to help to restrict formula usage. (Baby-Friendly USA, Inc.)
b	Hospital maternity staff must inform mothers if their doctor or pediatrician is advising against breastfeeding before any feeding decisions are made. (BMBR)	
c	The hospital must allow mothers to have their baby not receive any bottle and to have a sign on their baby's crib clearly stating that their baby is breastfeeding and that no bottle feeding of any type is to be offered. (BMBR)	
Recommended Policy Components		
a	If possible, breastfed infants who cannot nurse at the breast will be fed in a manner that is consistent with preserving breastfeeding (i.e. by cup, dropper or syringe). (ABM #7)	
b	The hospital will eliminate all advertising for formula, bottles and nipples produced by manufacturers/distributors of these products from all patient care areas.	
c	Hospital maternity staff will not place formula bottles, pacifiers or artificial nipples in a breastfeeding infant's room or bassinet. (ABM #7)	
d	Hospital maternity staff will inform mothers of the risks of supplementation to establishing and sustaining breastfeeding prior to non-medically indicated supplementation and document that the mother has received this information. (ABM #7)	
e	Hospital maternity staff will provide a specific medical order when formula is provided to a breastfeeding baby and document the reason(s) for the provision of formula, the route (i.e. spoon, cup, syringe,	

	etc.), the form of supplement, and the amount given in the infant's medical chart. (USBC)	
f	The hospital will not promote or provide group instruction for the use of breast milk substitutes, feeding bottles and nipples. (Baby-Friendly USA, Inc.)	
g	The hospital will provide individual instruction in formula preparation and feeding techniques for mothers who have chosen formula feeding or for whom breastfeeding is medically contraindicated.	
h	The hospital will provide individual instruction for families who require education on formula preparation. (ABM #7)	
i	The hospital will not accept free formula, breast milk substitutes, bottles or nipples. (ABM; Baby-Friendly USA, Inc.)	
j	The hospital will store formula and supplies for formula feedings in a medication cart or separate location outside patient care areas.	

9. Pacifier Use

Required Policy Component		Strategies
a	The hospital must respect a mother's decision to have her baby not receive any pacifiers. (BMBR)	1. Inform parents of the risk of interference (from pacifier use) with the establishment of breastfeeding. (USBC) 2. Encourage mothers to hold and breastfeed infants during, or immediately following, routine painful procedures such as heel sticks and IM injections. 3. Encourage infant-to-mother skin-to-skin contact and/or breastfeeding to soothe and pacify infant. 4. Develop a protocol for use of pacifier in hospitals where pacifiers are used during painful procedures. 5. If pacifier is used during painful a procedure, discard immediately after procedure is completed. 6. Store pacifiers in locked cabinets or medication dispensing devices. (USBC)
Recommended Policy Components		
a	Hospital maternity staff will not offer pacifiers or artificial nipples to healthy, full-term breastfeeding infants. (ABM #7)	
b	The hospital will integrate skin-to-skin contact and breastfeeding into relevant infant care protocols to promote infant soothing and pain relief. (ABM #7)	
c	The hospital will not accept free or low-cost pacifiers. (Baby-Friendly USA, Inc.)	

10. Discharge Support

Required Policy Components		Strategies
a	The hospital must provide mothers with information about breastfeeding resources in their community, including information on availability of breastfeeding consultants, support groups and breast pumps. (BMBR)	1. Conduct and document assessment of breastfeeding effectiveness at least once during the last 8 hours before discharge. (ABM #2) 2. Schedule a follow-up visit, with pediatric provider, for all breastfed infants and non-breastfed infants born by vaginal delivery within 48 to 72 hours after discharge (3 to 5 days after birth). For non-breastfed infants delivered by Cesarean section and whose hospital stay is 96 hours or longer, the first visit should occur up to a week after discharge depending on the specific issues, health concerns and needs of the baby and the mother. (Hagan et al., 2008) 3. Provide breastfeeding mothers with names and telephone numbers of lactation consultants and/or community resources (including breastfeeding support groups) for breastfeeding assistance. (ABM #7; WHO) 4. Develop a plan for annually verifying the existence of these services and the accuracy of the contact information. (Baby-Friendly USA, Inc.) 5. Refer all potential income eligible women to WIC for lactation and nutrition support: (http://www.breastfeedingpartners.org/, http://www.health.state.ny.us/prevention/nutrition/wic/) 6. Provide mothers with a breastfeeding diary and encourage tracking of breastfeeding during the first few weeks post partum to ensure that their infant is receiving adequate nutrition. Entries can be reviewed with pediatrician during follow-up visits. 7. Provide education to key family members so that they can provide support to the breastfeeding mother at home. (Baby-Friendly USA, Inc.)
b	The hospital must determine that maternity patients can perform basic self-care and infant care techniques prior to discharge or make arrangements for post discharge instruction. (NYCCR)	
c	The hospital must offer each maternity patient a program of instruction and counseling in family planning and, if requested by the patient, the hospital must provide a list, compiled by the department and made available to the hospital, of providers offering the services requested. (NYCCR)	
d	Prior to discharge, the hospital must ensure that follow-up medical arrangements have been made for mother and infant(s) within the timeframe following discharge as directed by the discharging pediatric care provider. (NYCCR)	
e	The hospital must provide mothers with information to help them choose a medical provider for their baby and understand the importance of a follow-up appointment. (BMBR)	

Recommended Policy Components		
a	The hospital will provide written information to and require that all breastfeeding mothers are able to do the following prior to discharge: • position the baby correctly at the breast with no pain during the feeding, • latch the baby to breast properly, • state when the baby is swallowing milk, • state that the baby should be nursed a minimum of eight to 12 times a day until satiety, with some infants needing to be fed more frequently, • state age-appropriate elimination patterns (at least six urinations per day and three to four stools per day by the fourth day of life), • list indications for calling a healthcare professional, and • manually express milk from their breasts. (ABM #7)	
b	The hospital will schedule a follow-up visit for all infants within a timeframe consistent with current AAP recommendations.	
c	The hospital will provide home visiting referrals to support continuation of breastfeeding.	
d	The hospital will facilitate mother-to-mother and/or health care worker-to-mother support groups. (Baby-Friendly USA, Inc.)	

11. Formula Discharge Packs

Required Policy Components		Strategies
a	The hospital must not provide discharge packs containing infant formula or formula coupons unless these items are ordered by their baby's health care provider. (BMBR)	1. Discharge gift packs are not necessary. If discharge gift packs are provided, work with marketing to develop educational information about infant feeding and/or infant care that is free of commercial messages or logos.
Recommended Policy Components		
a	If a hospital provides discharge packs, they will design their own commercial free bags and provide materials that are also non-proprietary.	
b	The hospital will not provide discharge packs that contain infant formula, coupons for formula, logos of formula companies, and/or literature supplied or sponsored by formula companies or their affiliates. (ABM #7)	

References

American Academy of Pediatrics Policy Statement: Breastfeeding and the Use of Human Milk, *Pediatrics*, Volume 115, Number 2, 2005, pp. 496-506 (doi:10.1542/peds.2004-2491).

Academy of Breastfeeding Medicine Clinical Protocol #2 (ABM #2): (2007 Revision): Guidelines for Hospital Discharge of the Breastfeeding Term Newborn and Mother: "The Going Home Protocol". *Breastfeeding Medicine*, Volume 2, Number 3, 2007.

Academy of Breastfeeding Medicine Clinical Protocol #3 (ABM #3): Hospital Guidelines for the Use of supplementary Feedings in the Healthy Term Breastfed Neonate, Revised 2009. *Breastfeeding Medicine*, Volume 4, Number 3, 2009.

Academy of Breastfeeding Medicine Clinical Protocol #5 (ABM #5): Peripartum Breastfeeding Management for Healthy Mother and Infant at Term Revision, June 2008. *Breastfeeding Medicine*, Volume 3, Number 2, 2008.

Academy of Breastfeeding Medicine Clinical Protocol #7 (ABM #7): Model Breastfeeding Policy (Revision 2010). *Breastfeeding Medicine*, Volume 5, Number 4, 2010.
http://www.bfmed.org/Resources/Protocols.aspx

Breastfeeding Mothers' Bill of Rights (BMBR)
http://www.nyhealth.gov/publications/2028.pdf

Hagan JF, Shaw JS, Duncan PM. Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents. Third Edition. Elk Grove Village, IL: *American Academy of Pediatrics*, p. 289, 2008.

New York Codes Rules and Regulations (NYCRR); Title 10-Section 405.21 Perinatal Services, 2005.
http://www.health.state.ny.us/nysdoh/phforum/nycrr10.htm

Overcoming Barriers to Implementing *The Ten Steps to Successful Breastfeeding:* Final Report, Baby-Friendly USA, Inc.
http://www.babyfriendlyusa.org/eng/docs/BFUSAreport_complete.pdf

United States Breastfeeding Committee (USBC). *Implementing The Joint Commission Perinatal Care core measure on exclusive breast milk feeding*. Revised. Washington, DC: United States Breastfeeding Committee; 2010.
http://www.usbreastfeeding.org/HealthCareSystem/HospitalMaternityCenterPractices/ToolkitImplementingTJCCoreMeasure/tabid/184/Default.aspx

World Health Organization (WHO)/UNICEF. *Baby Friendly* Hospital Initiative: Revised, Updated and Expanded for Integrated Care. World Health Organization, UNICEF, 2009.
http://www.unicef.org/newsline/tenstps.htm